

## Supplemental Attachment to (each copy of) Employer's Reciprocal Coverage Election



1. The jurisdictions listed below are hereby included in Item 1 of the election to which this sheet is attached:

| STATE | % OF SERVICE | STATE | % OF SERVICE |  |  |  |
|-------|--------------|-------|--------------|--|--|--|
|       |              |       |              |  |  |  |
|       |              |       |              |  |  |  |
|       |              |       |              |  |  |  |
|       |              |       |              |  |  |  |
|       |              |       |              |  |  |  |

| 2. | The workers | listed | below are | hereby | included | l ni b | tem 2 | of t | the e | lection | to | which | this | sheet | is a | ttach | ned | : |
|----|-------------|--------|-----------|--------|----------|--------|-------|------|-------|---------|----|-------|------|-------|------|-------|-----|---|
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Basis for Election in Florida

- A) Does some "work" in Florida
- B) Has his "<u>residence</u>" in Florida
- C) Related to a "place" of business in Florida

|   | NAME | SOCIAL SECURITY NO. | EMPLOYEE'S LEGAL<br>RESIDENCE | BASIS FOR ELECTION<br>IN FLORIDA |
|---|------|---------------------|-------------------------------|----------------------------------|
|   |      |                     |                               |                                  |
|   |      |                     |                               |                                  |
|   |      |                     |                               |                                  |
|   |      |                     |                               |                                  |
| • |      |                     |                               |                                  |
|   | Date |                     | Firm – Name of Employer       |                                  |

INTERNET ADDRESS: http://sun6.dms.state.fl.us/dor/